

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

0002554

04-08-2002 90117 001 *1,408.75

DOCUMENT # C10324

1. Entity Name
TEMPLE LODGE NO. 23 FREE AND ACCEPTED MASONS OF FLORIDA

Principal Place of Business Mailing Address
C/O ROY CONNOR SHEPPARD **C/O ROY CONNOR SHEPPARD**
220 OCEAN ST. **220 OCEAN ST.**
JACKSONVILLE FL 32202 **JACKSONVILLE FL 32202**
US **US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-0478232** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SHEPPARD, ROY CONNOR
220 OCEAN STREET
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees** **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME SWD BARBER, JOHN C	<input checked="" type="checkbox"/> Delete	TITLE NAME WORSHIPFUL MASTER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5453 SOUTH BEND CIR N		STREET ADDRESS John Quinton Holden	
CITY-ST-ZIP JACKSONVILLE FL 32207		CITY-ST-ZIP 14584 San Pablo Dr N	
TITLE NAME SWD HOLDEN, JOHN Q	<input type="checkbox"/> Delete	TITLE NAME SENIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 14584 SAN PABLO DR N		STREET ADDRESS Elihu Gray	
CITY-ST-ZIP JACKSONVILLE FL 32224		CITY-ST-ZIP 2642 Hemlock Ct	
TITLE NAME JWD GRAY, ELIHEW	<input type="checkbox"/> Delete	TITLE NAME JUNIOR WARDEN (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2642 HEMLOCK CT		STREET ADDRESS Terry Edward Rigdon	
CITY-ST-ZIP MIDDLEBURG FL 32068		CITY-ST-ZIP P O BOX 1180 N/A	
TITLE NAME TD WALDING, JERRY E	<input type="checkbox"/> Delete	TITLE NAME MIDDLEBURG FL 32068	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7015 MISS MUFFET LANE NORTH			
CITY-ST-ZIP JACKSONVILLE FL 32210			
TITLE NAME SD CARL THORWART, RUDOLPH JR	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7840 TIMBERLIN PARK BLVD		STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 32256-8431		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SECRETARY OF STATE** *[Signature]* **Sec. 03/18/02** **904-538-0848**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)